

## D. Form 470's FY 2010, FY 2011, FY 2012, FY 2013

FCC Form

Approval by OMB  
3060-0806

470

Schools and Libraries Universal Service  
Description of Services Requested  
and Certification Form

Estimated Average Burden Hours Per Response: 4.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application.

(To be completed by entity that will negotiate with providers.)

## Block 1: Applicant Address and Identifications

Form 470 Application Number: 573040000783265		
Applicant's Form Identifier: 2010y13		
Application Status: CERTIFIED		
Posting Date: 12/14/2009		
Allowable Contract Date: 01/11/2010		
Certification Received Date: 12/14/2009		
1. Name of Applicant: MANSFIELD INDEP SCHOOL DIST		
2. Funding Year: 07/01/2010 - 06/30/2011		3. Your Entity Number 140867
4a. Applicant's Street Address, P.O.Box, or Route Number 605 E BROAD ST		
City MANSFIELD	State TX	Zip Code 76063 - 1766
b. Telephone number (817) 299- 6300	ext. 	c. Fax number (817) 473- 5349
5. Type Of Applicant <input type="radio"/> Individual School (individual public or non-public school) <input checked="" type="radio"/> School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools) <input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)		
6a. Contact Person's Name: Doug Brubaker		
First, if the Contact Person's Street Address is the same as in Item 4 above, check this box. If not, please complete the entries for the Street Address below.		
6b. Street Address, P.O.Box, or Route Number 1522 North Walnut Creek Dr		
City Mansfield	State TX	Zip Code 76063 - 1766
Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.		
<input checked="" type="radio"/> 6c. Telephone Number (817) 299- 3684		
<input checked="" type="radio"/> 6d. Fax Number (817) 473- 5349		
<input checked="" type="radio"/> 6e. E-mail Address dbrubaker@mansfieldisd.org		

## Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):
a. <input checked="" type="checkbox"/> Tariffed or month-to-month services to be provided without a written contract. A new Form 470 must be filed for non-contracted tariffed or month-to-month services for each funding year.
b. <input checked="" type="checkbox"/> Services for which a new written contract is sought for the funding year in Item 2. Check if you are <input checked="" type="checkbox"/> a multi-year contract <input type="checkbox"/> a contract featuring voluntary seeking and/or extensions
c. <input type="checkbox"/> A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous funding year.
NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous funding year OR a contract signed on/before 7/10/97 and previously reported on a Form 470 as an existing contract do NOT require filing of a new Form 470.

<p>What kinds of service are you seeking: Telecommunications Services, Internet Access, Internal Connections Other than Basic Maintenance, or Basic Maintenance of Internal Connections? Refer to the Eligible Services List at <a href="http://www.sluniversalservice.org">www.sluniversalservice.org</a> for examples. Check the relevant category or categories (8, 9, 10 and/or 11 below), and answer the questions in each category you select.</p>																										
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<p>b <input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services.          Whether you check YES or NO, you must list below the Internal Connections Services you seek. Specify each service or function (e.g., a router, hub and cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 students). See the Eligible Services List at <a href="http://www.sluniversalservice.org">www.sluniversalservice.org</a> for examples of eligible Internal Connections services. Attach additional lines if needed.</p>																										



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<b>11 <input type="checkbox"/> Basic Maintenance of Internal Connections</b> <i>Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i>		
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<b>b <input type="checkbox"/> NO</b> , I have not released and do not intend to release an RFP for these services.		
Whether you check YES or NO, you must list below the Basic Maintenance Services you seek. Specify each service or function (e.g., basic maintenance of routers) and quantity and/or capacity (e.g., for 10 routers). See the Eligible Services List at <a href="http://www.sluniversalservice.org">www.sluniversalservice.org</a> for examples of eligible Basic Maintenance services. Attach additional lines if needed.		
<input checked="" type="checkbox"/> Check this box if you prefer discounts on your bill.	<input type="checkbox"/> Check this box if you prefer reimbursement after paying your bill in full.	<input type="checkbox"/> Check this box if you do not have a preference.
<b>12 (Optional)</b> Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the Authorized Person who signs this form.		
Name:		Title:
Carolyn Gonzagowski		Telecommunications Manager
Telephone number		
(817) 299 - 1990		
Fax number		
(817) 473 - 5349		
E-mail Address		
gonzca@mansfieldisd.org		
<b>13a. <input type="checkbox"/></b> Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide a Web address where they are posted and a contact name and telephone number.		
<input type="checkbox"/> Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.		
<b>13b.</b> If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, you may summarize below (including the likely timeframes). If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.		

**Block 3: Technology Assessment**

<b>14. <input type="checkbox"/> Basic telephone service only:</b> If your application is for basic telephone service and voice mail only, check this box and skip to Item 16. Basic telephone service is defined as wireline or wireless single line voice service (local, cellular/PCS, and/or long distance) and mandatory fees associated with such service (e.g., federal and state taxes and universal service fees).
<b>15.</b> Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check one or both boxes in 15a through 15e. You may provide details for purchases being sought.
<b>a.</b> Desktop communications software: Software required <input type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
<b>b.</b> Electrical systems: <input type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input type="checkbox"/> upgrading for additional electrical capacity is being sought.
<b>c.</b> Computers: a sufficient quantity of computers <input type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
<b>d.</b> Computer hardware maintenance: adequate arrangements <input type="checkbox"/> have been made; and/or <input type="checkbox"/> are being sought.
<b>e.</b> Staff development: <input type="checkbox"/> all staff have had an appropriate level of training /additional training has already been scheduled; and/or <input type="checkbox"/> training is being sought.
<b>f.</b> Additional details: Use this space to provide additional details to help providers to identify the ineligible services you desire.

**Block 4: Recipients of Service**

16. Eligible Entities That Will Receive Services:

Check the ONE choice (Item 16a, 16b or 16c) that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

a. ☐ Individual school or single-site library.

b. ☐ Statewide application for (enter 2-letter state code) representing (check all that apply):

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ School district, library system, or consortium application to serve multiple eligible entities:

Number of eligible entities	51
For these eligible sites, please provide the following	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
817	274
817	276
817	299
817	453
817	468
817	472
817	473
817	539
817	548
817	561

#### 17. Billed Entities

17. Billed Entities: List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470.

Entity Number	Entity
140867	MANSFIELD INDEP SCHOOL DIST

#### 18. Ineligible Participating Entities

List the names of any entity/entities here for whom services are requested that are not eligible for the Universal Service Program.

Ineligible Participating Entity	Area Code	Prefix

#### Block 5: Certification

19. ☒ I certify that the applicant includes: (Check one or both.)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7081(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or  
b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).



20. ☒ I certify that all of the individual schools, libraries, and library consortia receiving services under this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

- a. ☒ individual technology plans for using the services requested in the application; and/or
- b. ☒ higher-level technology plans for using the services requested in the application; or
- c. ☐ no technology plan needed; application requests basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only

21. ☒ I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals. I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than the services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

23. ☒ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support.

24. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. ☒ I certify that I have reviewed all applicable state and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Commissions Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

26. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

27. Signature of authorized person: ☒

28. Date (mm/dd/yyyy): 12/14/2009

29. Printed name of authorized person: DOUG BRUBAKER

30. Title or position of authorized person: ASSISTANT SUPERINTENDENT OF TECHNOLOGY

31a. Address of authorized person: 1522 N WALNUT CREEK DRIVE  
City: MANSFIELD State: TX Zip: 76063-1766

31b. Telephone number of authorized person: (817) 299 - 3684

31c. Fax number of authorized person: (817) 4735349

31d. E-mail address number of authorized person: DBRUBAKER@MANSFIELDISD.ORG

31e. Name of authorized person's employer: MANSFIELD ISD

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the SLD web site at [www.sld.universalservice.org](http://www.sld.universalservice.org) or call the Client Service Bureau at 1-888-203-8100.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form

470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 470

P.O. Box 7026

Lawrence, Kansas 66044-7026

1-888-203-8100

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms

ATTN: SLD Form 470

3833 Greenway Drive

Lawrence, Kansas 66046

1-888-203-8100

FCC Form 470  
October 2004

[New Search](#)

[Return To Search Results](#)



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Approval by OMB  
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6a. Contact Person's Name: Doug Brubaker		
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Check if you are seeking	<input checked="" type="checkbox"/> a multi-year contract and/or	<input checked="" type="checkbox"/> a contract featuring voluntary extensions
c. <input type="checkbox"/> A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous funding year.		
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What kinds of service are you seeking: Telecommunications Services, Internet Access, Internal Connections Other than Basic Maintenance, or Basic Maintenance of Internal Connections? Refer to the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples. Check the relevant category or categories (8, 9, 10 and/or 11 below), and answer the questions in each category you select.

8 ☒ Telecommunications Services  
Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.

a ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):  
☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional lines if needed.

<input checked="" type="checkbox"/> Check this box if you prefer discounts on your bill.	<input type="checkbox"/> Check this box if you prefer reimbursement after paying your bill in full.	<input type="checkbox"/> Check this box if you do not have a preference.
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

Service or Function:	Quantity and/or Capacity:
Local Voice Services	District Wide
Long Distance Phone Service	District Wide
High Speed End-End Transport	District Wide
Point-Point T1 Lines	District Wide
Opteman Circuits	District Wide
Gigaman Circuits	District Wide
PRI ISDN DID Smart Trunks	District Wide
High Speed Internet Access	District Wide
VoIP Services	District Wide
Interconnected VoIP Lines	District Wide
Parent Calling System	District Wide
911 Trunks	District Wide
Voice/Video Conferencing Service	District Wide
Wireless WAN	District Wide
Cellular Services-Aircards	District Wide
Fiber Optics	District Wide
Distance Learning/Video Conference	District Wide

9 ☒ Internet Access  
Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.

a ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):  
☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Internet Access Services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access services. Attach additional lines if needed.

<input checked="" type="checkbox"/> Check this box if you prefer discounts on your bill.	<input type="checkbox"/> Check this box if you prefer reimbursement after paying your bill in full.	<input type="checkbox"/> Check this box if you do not have a preference.
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------



Service or Function:	Quantity and/or Capacity:
Internet Access Service	District Wide
High Speed Internet Service	District Wide
Opteman Circuits	District Wide
Gigaman Circuits	District Wide
Basic Conduit Access	District Wide
Domain Name Registration	District Wide
E-Mail Account Service	District Wide
Web Hosting	District Wide
VoIP Services	District Wide
Interconnected VoIP Lines	District Wide
Parent Calling System	District Wide
Spam Filtering	District Wide
Anti-Virus Protection	District Wide
Firewall Service	District Wide
Digital Transmission Service	District Wide
Fiber Optics	District Wide
Cellular Broadband Internet Access	District Wide
Video Service	District Wide
Cellular Aircards	District Wide
Distance Learning/Video Conference	District Wide
Filtered Student E-mail	District Wide
Basic Conduit Access for Video Conferencing	District Wide

**10 ☒ Internal Connections Other than Basic Maintenance**  
*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

a ☒ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):  
☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Internal Connections Services you seek. Specify each service or function (e.g., a router, hub and cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 students). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections services. Attach additional lines if needed.

c <input checked="" type="radio"/> Check this box if you prefer discounts on your bill.	<input type="checkbox"/> Check this box if you prefer reimbursement after paying your bill in full.	<input type="checkbox"/> Check this box if you do not have a preference.
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

Service or Function:	Quantity and/or Capacity:
Network Routers / Upgrades	5 schools
Network Switches / Upgrades	5 Schools
Network Catalyst / Upgrades	5 Schools
Wireless Access Points	District Wide
Firewall	District Wide
VoIP/Video Components	District Wide
VoIP Telephone Components	District Wide
UPS Battery Backups	District Wide
Data Distribution via Wireless Network	District Wide
Video Conferencing Equipment	District Wide
Network Storage Equipment	District Wide
Wireless LAN Access Components	District Wide
Wireless High Speed	District Wide
Wireless Management Equipment	District Wide
Virtualization Software	District Wide
VoIP Phones /Classroom Connection	District Wide
Installation/Configuration of Equip	District Wide
Misc Fees and Charges	District Wide
VoIP Telephone Upgrade	District Wide

**11 ☒ Basic Maintenance of Internal Connections**  
*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

a ☒ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):  
☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.



<p><b>b</b> <input checked="" type="radio"/> <b>NO</b>, I have not released and do not intend to release an RFP for these services.</p> <p>Whether you check YES or NO, you must list below the Basic Maintenance Services you seek. Specify each service or function (e.g., basic maintenance of routers) and quantity and/or capacity (e.g., for 10 routers). See the Eligible Services List at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for examples of eligible Basic Maintenance services. Attach additional lines if needed.</p>		
<p><b>c</b> <input checked="" type="radio"/> Check this box if you prefer discounts on your bill.</p>	<p><input type="radio"/> Check this box if you prefer reimbursement after paying your bill in full.</p>	<p><input type="radio"/> Check this box if you do not have a preference.</p>
<p>Service or Function:</p>		<p>Quantity and/or Capacity:</p>
SmartNet Contract		District Wide / one year +
VoIP Telephone Support		District Wide / one year +
Technical Support Agreement		District Wide / one year +
Basic Technical Support		District Wide / one year +
Hardware Support		District Wide / one year +
Basic Maintenance Support		District Wide / one year +
Wireless WAN Support		District Wide / one year +
<p><b>12</b> (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the Authorized Person who signs this form.</p>		
<p>Name:</p>		<p>Title:</p>
Carolyn Gonzagowski		Telecommunications Specialist
<p>Telephone number</p>		
(817) 299 - 1990		
<p>Fax number</p>		
(817) 473 - 5349		
<p>E-mail Address</p>		
carolyn Gonzagowski@misdmail.org		
<p><b>13a.</b> <input type="checkbox"/> Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide a Web address where they are posted and a contact name and telephone number.</p>		
<p><input type="checkbox"/> Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.</p>		
<p><b>13b.</b> If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, you may summarize below (including the likely timeframes). If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.</p>		

### Block 3: Technology Assessment

<p><b>14.</b> <input type="checkbox"/> <b>Basic telephone service only:</b> If your application is for basic telephone service and voice mail only, check this box and skip to Item 16. Basic telephone service is defined as wireline or wireless single line voice service (local, cellular/PCS, and/or long distance) and mandatory fees associated with such service (e.g., federal and state taxes and universal service fees).</p>
<p><b>15.</b> Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check one or both boxes in 15a through 15e. You may provide details for purchases being sought.</p>
<p><b>a.</b> Desktop communications software: Software required <input type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.</p>
<p><b>b.</b> Electrical systems: <input type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input type="checkbox"/> upgrading for additional electrical capacity is being sought.</p>
<p><b>c.</b> Computers: a sufficient quantity of computers <input type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.</p>
<p><b>d.</b> Computer hardware maintenance: adequate arrangements <input type="checkbox"/> have been made; and/or <input type="checkbox"/> are being sought.</p>
<p><b>e.</b> Staff development: <input type="checkbox"/> all staff have had an appropriate level of training /additional training has already been scheduled; and/or <input type="checkbox"/> training is being sought.</p>
<p><b>f.</b> Additional details: Use this space to provide additional details to help providers to identify the ineligible services you desire.</p>

**Block 4: Recipients of Service**

**16. Eligible Entities That Will Receive Services:**

Check the ONE choice (Item 16a, 16b or 16c) that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

a. ☒ Individual school or single-site library.

b. ☒ Statewide application for (enter 2-letter state code) representing (check all that apply):

- ☐ All public schools/districts in the state:
- ☐ All non-public schools in the state:
- ☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ School district, library system, or consortium application to serve multiple eligible entities:

Number of eligible entities	53
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
817	274
817	276
817	299
817	453
817	468
817	472
817	473
817	539
817	548
817	561

**17. Billed Entities**

17. Billed Entities: List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470.

Entity Number	Entity
140867	MANSFIELD INDEP SCHOOL DIST

**18. Ineligible Participating Entities**

List the names of any entity/entities here for whom services are requested that are not eligible for the Universal Service Program.



Ineligible Participating Entity	Area Code	Prefix
---------------------------------	-----------	--------

**Block 5: Certification**

19. ☒ I certify that the applicant includes:(Check one or both.)

a. ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C.Secs.7081(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).

20. ☒ I certify that all of the individual schools, libraries, and library consortia receiving services under this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

a. ☒ individual technology plans for using the services requested in the application; and/or

b. ☒ higher-level technology plans for using the services requested in the application; or

c. ☐ no technology plan needed; application requests basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only

21. ☒ I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals. I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than the services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

23. ☒ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support.

24. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. ☒ I certify that I have reviewed all applicable state and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Commissions Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

26. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

27. Signature of authorized person: ☒

28. Date (mm/dd/yyyy): 12/17/2010

29. Printed name of authorized person: **Doug Brubaker**

30. Title or position of authorized person: **Assistant Superintendent of Technology**

31a. Address of authorized person: **1522 North Walnut Creek Dr**  
City: **Mansfield** State: **TX** Zip: **76063-1766**

31b. Telephone number of authorized person: **(817) 299 - 1980**

31c. Fax number of authorized person: **(817) 4735349**

31d. E-mail address number of authorized person: **doughbrubaker@misdmail.org**

31e. Name of authorized person's employer: **Mansfield ISD**

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the SLD web site at [www.sluniversalsservice.org](http://www.sluniversalsservice.org) or call the Client Service Bureau at 1-888-203-8100.

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 470**  
**P.O. Box 7026**  
**Lawrence, Kansas 66044-7026**  
**1-888-203-8100**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms**  
**ATTN: SLD Form 470**  
**3833 Greenway Drive**  
**Lawrence, Kansas 66046**  
**1-888-203-8100**

FCC Form 470  
October 2004

New Search

Return To Search Results



FCC Form 470

Approval by OMB  
3060-0806**Schools and Libraries Universal Service  
Description of Services Requested and Certification Form 470**

Estimated Average Burden Hours per Response: 3 hours

This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this form. (You can also file online at [www.usac.org/sl](http://www.usac.org/sl))

Form 470 Application Number: 595840000980192	Applicant's Form Identifier: 2012y15-470
Application Status: CERTIFIED	Posting Date: 12/16/2011
Allowable Contract Date: 01/13/2012	Certification Received Date: 12/20/2011

**Block 1: Applicant Address and Information**

1 Name of Applicant:  
MANSFIELD INDEP SCHOOL DIST

2 Funding Year: 2012 (Funding years run from July 1 through the following June 30)

3 Entity Number: 140867

4a Street Address, P.O.Box, or Route Number:  
605 E BROAD ST

City: MANSFIELD State: TX Zip Code: 76063 -1766

4b Telephone Number: (817) 299 -6300

4c Fax Number: (817) 473 -5349

5a Eligible Entities That Will Receive Services:

Check the ONE choice in 5a that best describes the eligible entities that will receive the services described in this form. You will then list in Item 15 the entity/entities that will pay the bills for these services.

☐ Individual School (individual public or non-public school)

☒ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)

☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA)

☐ Consortium (intermediate service agencies, states, state networks, consortia of schools and/or libraries)

☐ Statewide application for (enter 2-letter state code)

representing (check all that apply)

☐ All public schools/districts in the state

☐ All non-public schools in the state

☐ All libraries in the state

5b Recipient(s) of Services - Check all that apply:

☐ Private ☒ Public ☐ Charter

☐ Tribal ☐ Head Start ☐ State Agency

5c Number of eligible entities for which services are sought: 55

**Block 1: Applicant Address and Information (continued)**

6a Contact Person's Name:  
Doug Brubaker

If the Contact Person's Street Address is the same as Item 4a above, check here. ☐ If not, complete Item 6b.

6b Street Address, P.O.Box, or Route Number:  
NOTE: USAC will use this address to mail correspondence  
1522 North Walnut Creek Drive

City: Mansfield State: TX Zip Code: 76063 -1766

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☐ 6c Telephone Number: (817) 299 -1980

☐ 6d Fax Number: (817) 473 -5349

☒ 6e E-Mail Address: [dougbrubaker@misdmail.org](mailto:dougbrubaker@misdmail.org)

Re-enter E-mail Address: [dougbrubaker@misdmail.org](mailto:dougbrubaker@misdmail.org)

If a consultant is assisting you with your application process, please complete Item 7 below:

7 Consultant Name:

Name of Consultant's Employer:

Consultant's Street Address:

City: State: Zip Code:

Consultant's Telephone Number: Ext.

Consultant's Fax Number:

Consultant's E-mail Address:

Re-enter E-mail Address:

Consultant Registration Number:

Entity Number: 140867	Applicant's Form Identifier: 2012y15-470
Contact Person: Doug Brubaker	Phone Number: (817) 299-1980

**Block 2: Summary Description of Needs or Services Requested**

**8 Telecommunication Services**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

a ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
     or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
     Your RFP Identifier: \_\_\_\_\_

b ☒ NO, I have not released and do not intend to release an RFP for these services.

Service	Quantity and/or Capacity
Local Voice Services	District Wide
Long Distance Phone Service	District Wide
Point-Point T1 Lines	District Wide
Opteman Circuits	District Wide
Gigaman Circuits	District Wide
PRI ISDN DID Smart Trunks	District Wide
High Speed Internet Access	District Wide
High Speed End-End Transport	District Wide
VoIP Services	District Wide
Interconnected VoIP Lines	District Wide
Parent Calling System	District Wide
911 Trunks	District Wide
Voice Video Conferencing Service	District Wide
Wireless WAN	District Wide
Cellular Services-Aircards	District Wide
Fiber Optics	District Wide
Distance Learning/Video Conference	District Wide

**9 Internet Access**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

a ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
     or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
     Your RFP Identifier: \_\_\_\_\_

b ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Internet Access services you seek. Specify each service (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users).

Service	Quantity and/or Capacity
Internet Access Service	District Wide
High Speed Internet Service	District Wide
Opteman Circuits	District Wide
Gigaman Circuits	District Wide
Basic Conduit Access	District Wide
Domain Name Registration	District Wide
E-Mail Account Service	District Wide
Web Hosting	District Wide
VoIP Services	District Wide
Interconnected VoIP Lines	District Wide
Parent Calling System	District Wide
Spam Filtering	District Wide
Anti-Virus Protection	District Wide
Firewall Service	District Wide
Digital Transmission Service	District Wide
Fiber Optics	District Wide
Cellular Broadband Internet Access	District Wide
Video Service	District Wide
Cellular Air Cards	District Wide
Distance Learning/Video Conference	District Wide
Filtered Student E-Mail	District Wide
Basic Conduit Access for Video Conferencing	District Wide



Entity Number: 140867	Applicant's Form Identifier: 2012y15-470
Contact Person: Doug Brubaker	Phone Number: (817) 299-1980

**10 Internal Connections Other Than Basic Maintenance**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

**a** ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
 or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
 Your RFP Identifier:

**b** ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Internal Connections services you seek. Specify each service (e.g., a router, hub and cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 students).

Service	Quantity and/or Capacity
Network Routers/Upgrades	District Wide
Network Switches/Upgrades	District Wide
Network Catalyst/Upgrades	District Wide
Wireless Access Points	District Wide
Firewall	District Wide
VoIP /Video Components	District Wide
VoIP Telephone Components	District Wide
UPS Battery Backups	District Wide
Data Distribution via Wireless Network	District Wide
Video Conferencing Equipment	District Wide
Network Storage Equipment	District Wide
Wireless LAN Access Components	District Wide
Wireless High Speed	District Wide
Wireless Management Equipment	District Wide
Virtualization Software	District Wide
VoIP Phones/Classroom Connection	District Wide
Installation/Configuration of Equipment	District Wide
Misc Fees and Charges	District Wide

**11 Basic Maintenance of Internal Connections**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

**a** ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
 or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
 Your RFP Identifier:

**b** ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Basic Maintenance services you seek. Specify each service (e.g., basic maintenance of routers) and quantity and/or capacity (e.g., for 10 routers).

Service	Quantity and/or Capacity
SmartNet Contract	District Wide/one year +
VoIP Telephone Support	District Wide/one year +
Technical Support Agreement	District Wide/one year +
Basic Technical Support	District Wide/one year +
Hardware Support	District Wide/one year +
Basic Maintenance Support	District Wide/one year +
Wireless WAN Support	District Wide/one year +



<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2012y15-470
<b>Contact Person:</b> Doug Brubaker	<b>Phone Number:</b> (817) 299-1980

**12 (Optional)** Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This person does not need to be the contact person(s) listed in Item 6 nor the Authorized Person who signs this form.

**Name:**  
Carolyn Gonzagowski

**Title:**  
Telecommunications Specialist

**Telephone Number:** (817) 299 - 1990

**Fax Number:** (817) 473 - 5439

**Email Address:** carolyn Gonzagowski@misdmail.org

**Re-enter E-mail Address:** carolyn Gonzagowski@misdmail.org

**13** ☐ Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide an Internet address where they are posted and a contact name and telephone number.

☐ Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.

If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.

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**Block 3:**

**14. [Reserved]**

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<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2012y15-470
<b>Contact Person:</b> Doug Brubaker	<b>Contact Phone Number:</b> (817) 299-1980

**Block 4: Recipients of Service**

**15 Billed Entities**

List the entity/entities that will be paying the bills directly to the provider for the services requested in this form. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470. Attach additional pages if needed.

Entity Number	Entity Name
140867	MANSFIELD INDEP SCHOOL DIST

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<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2012y15-470
<b>Contact Person:</b> Doug Brubaker	<b>Contact Phone Number:</b> (817) 299-1980

**Block 5: Certifications and Signature**

**16** I certify that the applicant includes: (Check one or both.)

**a** ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

**b** ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).

**17** ☒ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, or an SLD-certified technology plan approver, prior to the commencement of service.

☐ Or I certify that no technology plan is required by Commission rules.

**18** ☒ I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals.

**19** ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the form for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

**20** ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this form have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

**21** ☒ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that I have considered what financial resources should be available to cover these costs.

**22** ☒ I certify that I am authorized to procure eligible services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity (ies) listed on this form, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

**23** ☒ I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**24** ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

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<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2012y15-470
<b>Contact Person:</b> Doug Brubaker	<b>Contact Phone Number:</b> (817) 299-1980

<b>25</b> Signature of authorized person: <input checked="" type="checkbox"/>	<b>26</b> Date: 12/20/2011
-------------------------------------------------------------------------------	----------------------------



**27a** Printed name of authorized person:

Doug Brubaker

**27b** Title or position of authorized person:

Assistant Superintendent of Technology

☐ Check here if the consultant in Item 7 is the Authorized Person.**27c** Street Address, P.O. Box, Route Number, City, State, Zip Code:

1522 North Walnut Creek Drive

City: Mansfield

State: TX

Zip Code: 76063-1766

**27d** Telephone Number of Authorized Person:

(817) 299-1980

**27e** Fax Number of Authorized Person:

(817) 473-5349

**27f** E-mail Address of Authorized Person:

doughbrubaker@misdmail.org

Re-enter E-mail Address:

doughbrubaker@misdmail.org

**27g** Name of Authorized Person's Employer:

Mansfield ISD

Service provider involvement with preparation or certification of a Form 470  
can taint the competitive bidding process and result in the denial of funding requests.  
For more information, refer to the Schools and Libraries area of the USAC web site at  
[www.usac.org/sl](http://www.usac.org/sl) or call the SLD Client Service Bureau at 1-888-203-8100.

Entity Number: 140867	Applicant's Form Identifier: 2012y15-470
Contact Person: Doug Brubaker	Phone Number: (817) 299-1980

NOTICE: In accordance with Section 54.504 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504 (b). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 470  
P.O. Box 7026  
Lawrence, Kansas 66044-7026  
1-888-203-8100

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms  
ATTN: SLD Form 470  
3833 Greenway Drive  
Lawrence, Kansas 66046  
1-888-203-8100

FCC Form 470  
October 2010

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FCC Form 470

Approval by OMB  
3060-0806

## Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 3 hours

This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.  
Please read instructions before beginning this form. (You can also file online at [www.usac.org/sl](http://www.usac.org/sl))

Form 470 Application Number: 764940001074497	Applicant's Form Identifier: 2013y16-470
Application Status: CERTIFIED	Posting Date: 12/17/2012
Allowable Contract Date: 01/14/2013	Certification Received Date: 12/17/2012

**Block 1: Applicant Address and Information**

1 Name of Applicant:  
MANSFIELD INDEP SCHOOL DIST

2 Funding Year: 2013 (Funding years run from July 1 through the following June 30)

3 Entity Number: 140867

4a Street Address, P.O.Box, or Route Number:  
805 E BROAD ST

City: MANSFIELD State: TX Zip Code: 76063 -1766

4b Telephone Number: (817) 299 -6300

4c Fax Number: (817) 473 -5349

5a Eligible Entities That Will Receive Services:

Check the ONE choice in 5a that best describes the eligible entities that will receive the services described in this form. You will then list in Item 15 the entity/entities that will pay the bills for these services.

☐ Individual School (individual public or non-public school)

☒ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)

☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA)

☐ Consortium (intermediate service agencies, states, state networks, consortia of schools and/or libraries)

☐ Statewide application for (enter 2-letter state code)

representing (check all that apply)

☐ All public schools/districts in the state

☐ All non-public schools in the state

☐ All libraries in the state

5b Recipient(s) of Services - Check all that apply:

☐ Private ☒ Public ☐ Charter

☐ Tribal ☐ Head Start ☐ State Agency

5c Number of eligible entities for which services are sought: 57

**Block 1: Applicant Address and Information (continued)**

6a Contact Person's Name:  
Doug Brubaker

If the Contact Person's Street Address is the same as Item 4a above, check here. ☐ If not, complete Item 6b.

6b Street Address, P.O.Box, or Route Number:  
NOTE: USAC will use this address to mail correspondence  
1522 North Walnut Creek Dr

City: Mansfield State: TX Zip Code: 76063 -1766

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☐ 6c Telephone Number: (817) 299 -3684

☐ 6d Fax Number: (817) 473 -5349

☒ 6e E-Mail Address: DougBrubaker@misdmail.org

Re-enter E-mail Address: DougBrubaker@misdmail.org

If a consultant is assisting you with your application process, please complete Item 7 below:

7 Consultant Name:

Name of Consultant's Employer:

Consultant's Street Address:

City: State: Zip Code:

Consultant's Telephone Number: Ext.

Consultant's Fax Number:

Consultant's E-mail Address:

Re-enter E-mail Address:

Consultant Registration Number:

Entity Number: 140867	Applicant's Form Identifier: 2013y16-470
Contact Person: Doug Brubaker	Phone Number: (817) 299-3684

**Block 2: Summary Description of Needs or Services Requested**

**8 Telecommunication Services**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

**a** ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
Your RFP Identifier:

**b** ☒ NO, I have not released and do not intend to release an RFP for these services.

Service	Quantity and/or Capacity
Local Voice Services	District Wide
Long Distance Voice Services	District Wide
Gigaman Circuits	District Wide
PRI ISDN Smart Trunks	District Wide
High Speed Internet Access	District Wide
High Speed End-End Transport	District Wide
VoIP Services	District Wide
Parent Calling System	District Wide
911 Trunks	District Wide
Voice Video Conferencing	District Wide
Wireless WAN	District Wide
Cellular Services-Aircards	District Wide
Fiber optics	District Wide
Distance Learning/Video Conference	District Wide
Opteman Circuits	District Wide
Point to Point T-1 Lines	District Wide

**9 Internet Access**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

**a** ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
Your RFP Identifier:

**b** ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Internet Access services you seek. Specify each service (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users).

Service	Quantity and/or Capacity
Internet Access Service	District Wide
High Speed Internet Service	District Wide
Opteman Circuits	District Wide
Gigaman Circuits	District Wide
Basic Conduit Access	District Wide
Domain Name registration	District Wide
E-Mail Account Service	District Wide
Web Hosting	District Wide
VoIP Services	District Wide
Spam Filtering	District Wide
Anti-virus Protection	District Wide
Firewall Service	District Wide
Digital Transmission Service	District Wide
Fiber Optics	District Wide
Cellular Broadband Internet Access	District Wide
Video Service	District Wide
Cellular Air Cards	District Wide
Distance Learning/Video Conference	District Wide



<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2013y16-470
<b>Contact Person:</b> Doug Brubaker	<b>Phone Number:</b> (817) 299-3684

**10 Internal Connections Other Than Basic Maintenance**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

**a** ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
Your RFP Identifier: \_\_\_\_\_

**b** ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Internal Connections services you seek. Specify each service (e.g., a router, hub and cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 students).

Service	Quantity and/or Capacity
Network Routers/Upgrades	District Wide
Network Switches/Upgrades	District Wide
Network Catalyst/Upgrades	District Wide
Wireless Access Points	District Wide
Firewall	District Wide
VoIP / Video Components	District Wide
VoIP Telephone Components	District Wide
UPS Battery Backups	District Wide
Data Distribution via Wireless Network	District Wide
Video Conference Equipment	District Wide
Network Storage Equipment	District Wide
Wireless LAN Access Components	District Wide
Wireless High Speed	District Wide
Wireless Management Equipment	District Wide
Virtualization Software	District Wide
VoIP Phones/Classroom Connection	District Wide
Installation/Configuration of Equipment	District Wide
Misc Fees and Charges	District Wide

**11 Basic Maintenance of Internal Connections**

*If you check YES to indicate you have a Request for Proposals (RFP) that specifies the services you are seeking, your RFP must be available to all interested bidders for at least 28 days. If your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.*

**a** ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Internet at:  
or via (check one) ☐ the contact person in Item 6 or ☐ the contact person listed in Item 12  
Your RFP Identifier: \_\_\_\_\_

**b** ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Basic Maintenance services you seek. Specify each service (e.g., basic maintenance of routers) and quantity and/or capacity (e.g., for 10 routers).

Service	Quantity and/or Capacity
SmartNet Contract	District Wide/one year +
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Basic Technical Support	District Wide/one year +
Hardware Support	District Wide/one year +
Basic Maintenance Support	District Wide/one year +
Wireless WAN Support	District Wide/one year +

<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2013y16-470
<b>Contact Person:</b> Doug Brubaker	<b>Phone Number:</b> (817) 299-3684

**12 (Optional)** Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This person does not need to be the contact person(s) listed in Item 6 nor the Authorized Person who signs this form.

Name:  
Carolyn Gonzagowski

Title:  
Telecommunications Specialist

Telephone Number: (817) 299 - 1990

Fax Number: (817) 548 - 2260

Email Address: carolyngonzagowski@misdmil.org

Re-enter E-mail Address: carolyngonzagowski@misdmil.org

**13** ☐ Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide an Internet address where they are posted and a contact name and telephone number.

☐ Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.

If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.

**Block 3:**

**14. [Reserved]**

<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2013y16-470
<b>Contact Person:</b> Doug Brubaker	<b>Contact Phone Number:</b> (817) 299-3684

**Block 4: Recipients of Service**

**15 Billed Entities**

List the entity/entities that will be paying the bills directly to the provider for the services requested in this form. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470. Attach additional pages if needed.

Entity Number	Entity Name
140867	MANSFIELD INDEP SCHOOL DIST

<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2013y16-470
<b>Contact Person:</b> Doug Brubaker	<b>Contact Phone Number:</b> (817) 299-3684

**Block 5: Certifications and Signature**

**16** I certify that the applicant includes: (Check one or both.)

**a** ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801 (18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

**b** ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools (including, but not limited to elementary and secondary schools, colleges, and universities).

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☐ Or I certify that no technology plan is required by Commission rules.

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**21** ☒ Additionally, I certify that the entity or entities listed on this form have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

**22** ☒ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that I have considered what financial resources should be available to cover these costs.

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<b>Entity Number:</b> 140867	<b>Applicant's Form Identifier:</b> 2013y16-470
<b>Contact Person:</b> Doug Brubaker	<b>Contact Phone Number:</b> (817) 299-3684

**25** Signature of authorized person: ☒

**26** Date: 12/17/2012

**27a** Printed name of authorized person:  
Doug Brubaker

**27b** Title or position of authorized person:



Assistant Superintendent of Technology

☐ Check here if the consultant in Item 7 is the Authorized Person.**27c** Street Address, P.O. Box, Route Number, City, State, Zip Code:

1522 North Walnut Creek Drive

City: Mansfield

State: TX

Zip Code: 76063-1766

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(817) 299-1980

**27e** Fax Number of Authorized Person:

(817) 473-5349

**27f** E-mail Address of Authorized Person:

dougbrubaker@msdmail.org

Re-enter E-mail Address:

dougbrubaker@msdmail.org

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Mansfield ISD

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Entity Number: 140867	Applicant's Form Identifier: 2013y16-470
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**NOTICE:** In accordance with Section 54.504 of the Federal Communications Commission's rules, certain schools and libraries ordering services that are eligible for and seeking universal service discounts must file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504 (b). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. Schools and libraries must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your form without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq*.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 470  
P.O. Box 7026  
Lawrence, Kansas 66044-7026  
1-888-203-8100

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms  
ATTN: SLD Form 470  
3833 Greenway Drive  
Lawrence, Kansas 66046  
1-888-203-8100

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